



Montana Department of Corrections
Accountability Letter Program

OFFENDER'S REQUEST TO PARTICIPATE

Please complete a copy of this form for each accountability letter you are writing. Use the back of this form if you run out of space. **NOTE: Do not attempt to contact your victim(s) directly, by phone, letter, or third party, which could place you in violation of a no-contact order.**

Date: _____

Your name: _____

Prison ID#: _____

Crime or crimes you are taking responsibility for in the letter: _____

Dates and locations of those crime or crimes: _____

Victims to whom you wrote the letter. If the victim is not a direct victim, please note his/her relationship to the direct victim (parent, child, spouse, community, etc.)

Victim's Full Name

Last Known Address

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please return this form to your case manager or treatment specialist.